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PROVIDER BULLETIN

PB 03-10

THIS ISSUE

- Authorization for Interpretive Services
- Department Review of Providers

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Purpose

This Provider Bulletin provides new information regarding authorization requirements for interpretive services on open claims. This bulletin updates Provider Bulletin 03-01, which is still in effect. It applies to interpretive services provided to injured workers or crime victims who have limited English language abilities or sensory impairments receiving benefits from:

- The State Fund
- Self insured employers and
- The Crime Victims' Compensation Program

This Provider Bulletin also clarifies the existing rules pertaining to the department's authority to review provider records and take disciplinary actions against providers.

The new policy regarding authorization for open claims will be effective for dates of service on or after August 18, 2003.

What is changing?

Pre-authorization will no longer be required for interpretive services on open claims.

Obtaining Authorization for Interpretive Services

An abbreviated version of the authorization requirements for interpretive services follows. The only change to this section is in *Services for Open Claims*. Please refer to **Provider Bulletin (PB) 03-01** for detailed descriptions and requirements for authorization. PB 03-01 can be accessed at: <http://internet.dev-internet.lni.wa.gov/hsa/ProvBulletins/PbFiles/PB0301.pdf> or a paper copy of the bulletin can be ordered from the Provider Hotline at (800) 848-0811, or in Olympia at (360) 902-6500.

- **Initial Visit** - Authorization is not required for the claimant's initial visit. Interpreter services must be appropriate and necessary.
- **Other Services Prior to Claim Allowance** - The insurer will not pay for interpretive services prior to claim allowance, except for the claimant's initial visit. If a claim is later allowed, the insurer will decide whether to pay for interpretive services provided prior to claim allowance.
- **Services for Open Claims - Prior authorization is not required for interpretive services on open claims.** Interpreter services must be appropriate and necessary.

- ***Reopening a claim*** - If a worker applies to reopen a claim, the insurer will initially pay only for interpretive services related to completing and submitting the reopening application.
- ***Document Translation*** - Translation of specific documents may be requested only by the insurer, and must be authorized each time the service is needed.

Authority to Review Health Service Providers

Why does the department review provider records?

The department reviews providers' patient and billing related records to make sure workers are receiving proper and necessary medical care and to make sure that providers comply with the department's medical aid rules, fee schedules, and policies.

Can the department request records from a provider?

The department has the authority to request copies of provider's patient and billing related records. When the department requests records, they must be received by the department within 30 days of receipt of the request and should be legible. (Washington Administrative Code (WAC) 296-20-02010.) This WAC can be accessed at:

<http://www.leg.wa.gov/wac/index.cfm?fuseaction=Section&Section=296-20-02010>

Can the department discipline a provider?

The department can take corrective action against providers. If a provider fails to comply with any order, rule, or policy, the department can ask for a refund of payments, assess penalties, or take other disciplinary action. Refer to WAC 296-20-015 at:

<http://www.leg.wa.gov/wac/index.cfm?fuseaction=Section&Section=296-20-015>